



North Carolina Department of Health and Human Services  
Division of Aging and Adult Services

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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director  
919-733-3983

August 3, 2006

**DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:**

**ATTENTION: ADULT SERVICES SUPERVISORS AND PROGRAM MANAGERS**

**SUBJECT: ADULT SERVICES TRAINING SCHEDULE FOR FY 06-07**

We are pleased to announce the Adult Services Training Schedule for FY 06-07 is now available on-line. Copies of the training schedule can be downloaded and printed from the Adult Services Training Schedule on the Calendar of Events page on the Division of Aging and Adult Services (DAAS) web site at: <http://www.dhhs.state.nc.us/aging/trngcal.htm>.

The schedule describes training offered by the Adult Services Section, training provided through the Division's contract with the Center for Aging Research and Educational Services (CARES), and certain training events provided through the Division of Facility Services.

You will receive registration information for each of these training events through a Dear County Director letter closer to the time of the actual training. These announcement letters, including registration forms, will be e-mailed to all 100 county directors. Also, Dear County Director letters are posted on the DAAS web site at: <http://www.dhhs.state.nc.us/aging/adultsvcs/adultsvc.htm> - select the link to "Dear County Director Letters." On-line registration is also available at [ncswLearn.org](http://ncswLearn.org).

Announcement letters and registration forms for CARES training events will be issued in the same manner. You may also visit the CARES training events web site for copies of registration forms and other event information, including driving directions and motels, at: <http://ssw.unc.edu/cares/trnall.htm>. On-line registration is available for CARES events at [ncswLearn.org](http://ncswLearn.org). We hope the schedule will be useful to you in planning your training needs this year. If you have questions about the specific training events, please call the contact person listed in the training schedule or your Adult Programs Representative. If you have general questions about the adult services training scheduled for this year, please contact Vicky Church at (919) 733-3818.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne P. Merrill".

Suzanne P. Merrill, Chief  
Adult Services Section

SPM:vtc

AFS-15 2006  
Attachment



## Adult Services, NC Division of Aging and Adult Services Registration Form

**Have you attended the prerequisites for this training event?**

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☐ Not Applicable for this Training

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

If you have ever registered for a training under a different name, what is that name? \_\_\_\_\_

"Goes By" Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):

( ) \_\_\_\_\_

Work Phone & Extension (please include area code):

( ) \_\_\_\_\_

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_

County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_

Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

### Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

### Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

### Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

### Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

### Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

### Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

### Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: \_\_\_\_\_

Date(s) of Training Event: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

If you are replacing a registered co-worker, what is his/her name: \_\_\_\_\_

If you are making up a missed training day, which day are you making up? \_\_\_\_\_